

Supplement 2: Risk stratification form, examination of declared penicillin allergy

(remove the non-applicable section, and fill in missing data)

What type of penicillin did the patient react to:

How fast did the patient react after taking penicillin: <1 hour, 1-6 hours, >6 hours, unknown

What treatment did the patient receive: None/the penicillin was continued, the course of penicillin was terminated, cortisol and/or antihistamines, submitted to hospital, other.....

How long has it been since the reaction: ≤6 months, 6 months-1 year, 1-10 years, ≥10 years, unknown

Have the patient taken penicillin again: yes/no

If yes, did the patient react to the penicillin on re-exposure: yes/no

Very low risk of penicillin allergy: (tick all that applies)

- ☐ Have received the same penicillin again without a reaction
- ☐ Family members with a penicillin allergy, the patient has never reacted
- ☐ Exclusively gastrointestinal upset from penicillin intake

Low risk of penicillin allergy: (tick all that applies)

- ☐ Unknown reaction >10 Years ago
- ☐ The patient denies a penicillin allergy, but it is noted in the electronic patient charts.
- ☐ Fatigue
- ☐ Isolated cough
- ☐ Rash with erythema/macules/papules (maculopapular exanthema)
- ☐ Isolated itch

High risk of penicillin allergy: (tick all that applies)

- ☐ Pregnant patient
- ☐ The reaction led to hospital admission
- ☐ The reaction was less than 6 weeks ago
- ☐ Rash with blisters/pustules/urticaria/ angioedema
- ☐ Rash with ulceration/skin peeling/blisters and/or mucosal affection
- ☐ A reaction with drug related fever and joint pain
- ☐ Unknown reaction less than < 10 years ago
- ☐ A reaction with organ involvement (such as penicillin induced liver failure, penicillin induced kidney failure etc.)
- ☐ Anaphylaxis or treated with adrenaline (Bronchospasm/ fall in blood pressure/acute allergic symptoms from two organ systems).
- ☐ Former SCAR* or DRESS**

*SCAR= severe cutaneous reaction; erythema multiforme, Steven Johnsons syndrome or toxic epidermal necrolysis.

**DRESS= Drug reaction with eosinophilia and systemic symptoms; elevated eosinophilic cell counts and organ affection (for instance: liver failure, kidney failure).

Attention!

In the case of symptoms from several categories, the patient must be classified as the highest risk category from which they have symptoms. The only exception are patients with a later documented uneventful re-exposure to the same type of penicillin they initially reacted to.

Pregnant patients are always considered high risk patients.

Conclusion: (tick the suitable box)

- ☐ Very low risk of penicillin allergy. To undergo a direct oral penicillin challenge.
- ☐ Low risk of penicillin allergy. To undergo a direct oral penicillin challenge.
- ☐ High risk of penicillin allergy. To be referred to an allergology department.

Attention: A penicillin challenge must not be carried out in case of acute severe illness!

Supplement 1: Risk stratification form, examination of declared penicillin allergy

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